Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002280	A. BUILDING _____ B. WING _____	C 10/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER POINTE HEALTH CAMPUS	3001 GALAXY DR EVANSVILLE, IN 47715

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00116611. Complaint IN00116611 - Unsubstantiated, due to lack of evidence. Survey date: October 11, 2012 Facility number: 002280 Provider number: 155723 AIM number: N/A Survey team: Anne Marie Crays RN Census bed type: SNF: 44 NF: 6 Residential: 39 Total: 89 Census payor type: Medicare: 26 Medicaid: 6 Other: 57 Total: 89 Residential Sample: 4 River Pointe Health Campus was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00116611. Quality review 10/12/12 by Suzanne Williams, RN	R 000		

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TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE